

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED YAO, XIAN LONG		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:07-000043-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. YAO	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.

1) 8 1326A.F -- REENTRY OF DEPORTED ALIENS

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- Authorization to obtain the service. Estimated Compensation: \$ _____ OR
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500)

Signature of Attorney

Date

 Panel Attorney Retained Atty Pro-Se Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)

14. TYPE OF SERVICE PROVIDER

- | | | | |
|----|---|----|--|
| 01 | <input type="checkbox"/> Investigator | 20 | <input type="checkbox"/> Legal Analyst/Consultant |
| 02 | <input checked="" type="checkbox"/> Interpreter/Translator | 21 | <input type="checkbox"/> Jury Consultant |
| 03 | <input type="checkbox"/> Psychologist | 22 | <input type="checkbox"/> Mitigation Specialist |
| 04 | <input type="checkbox"/> Psychiatrist | 23 | <input type="checkbox"/> Duplication Services (See Instructions) |
| 05 | <input type="checkbox"/> Polygraph Examiner | 24 | <input type="checkbox"/> Other (specify) _____ |
| 06 | <input type="checkbox"/> Documents Examiner | | |
| 07 | <input type="checkbox"/> Fingerprint Analyst | | |
| 08 | <input type="checkbox"/> Accountant | | |
| 09 | <input type="checkbox"/> CALR (Westlaw/Lexis,etc) | | |
| 10 | <input type="checkbox"/> Chemist/Toxicologist | | |
| 11 | <input type="checkbox"/> Ballistics Expert | | |
| 13 | <input type="checkbox"/> Weapons/Firearms/Explosive Expert | | |
| 14 | <input type="checkbox"/> Pathologist/Medical Examiner | | |
| 15 | <input type="checkbox"/> Other Medical Expert | | |
| 16 | <input type="checkbox"/> Voice/Audio Analyst | | |
| 17 | <input type="checkbox"/> Hair/Fiber Expert | | |
| 18 | <input type="checkbox"/> Computer (Hardware/Software/Systems) | | |
| 19 | <input type="checkbox"/> Paralegal Services | | |

15. Court Order

Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order _____ Nunc Pro Tunc Date _____
Repayment or partial repayment ordered from the person represented for this service at time of authorization. YES NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS Final Interim Payment Number Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: _____ Date: _____

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: _____ Date: _____

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED

23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.
 Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.

Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____